

Foster Family Home - Corrective Action Report

Provider ID: 1-561101

Home Name: Shirley Layugan, CNA

Review ID: 1-561101-6

315 North Circle Makai Street

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 1/15/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 2/15/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- APS/CAN expired on 8/23/18 and renewed on 9/5/18 for CG#3; for CG#4 expired on 11/11/18 and renewed on 12/14/18; and for HHM#5, HHM#6, HHM#7 without current APS/CAN/Fingerprinting results seen in home binder. CG#4 ecrim expired on 9/29/18 and renewed on 12/31/18.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No signed confidentiality training form seen in home binder for CG#2, CG#3, CG#4, HHM#4, HHM#5, HHM#6, and HHM#7.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(6)- CCFFH has a connecting doorway leading to another area of the same dwelling which is occupied by un-approved household members.

41.(b)(7)- No Tuberculosis results seen in home binder for HHM#5, HHM#6, and HHM#7.

Foster Family Home - Corrective Action Report

Foster Family Home

Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1), (2), (3)- No signed Admission Policy and Agreement form seen in Client's #1 chart/binder.

Foster Family Home

Physical Environment

[11-800-49]

- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- One of the Emergency exits ramp located in the back of the house is obstructed with clutter- broomsticks, dustpan, a big silver metal, etc.

Foster Family Home

Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 and CG#4 without written signatures on Emergency Preparedness Plan.

Foster Family Home

Client Rights

[11-800-53]

- 53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No approved lock on Client #1's and Client #2's bedroom door.

Foster Family Home

Records

[11-800-54]

- 54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.
Client #1- 1 oral medication bottle with expiration date of 1/10/2020 and another medication without signatures in Medication Administration Record since 1/9/2020-1/15/2020.
Client #2- one oral medication expired on 12/18/2019.

Naikel Mahamane, RN
Compliance Manager

Ed Campbell
Primary Care Giver

1-15-2020
Date

01-15-2020
Date

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454**

CCFFH Name: Shirley Layman
CCFFH Address: 315 N. Circle Makai Pt. Vahiana HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)(2)	CG #1 showed CTA Compliance Manager the current APS/CAN Finger Printing and Ectrim during home survey/inspection for HHM#5, HHM#6 and HHM#7 obtained a current APS/CAN Fingerprinting. All results were green light determination. Documents filed in home binder.	01/15/20	Home will use spread sheet to schedule all due dates 2 months in advance to prevent from overlooking the expirations.

Primary Caregiver's Signature: Shirley Layman

Print Name: SHIRLEY G. LAYMAN Date of Signature: 04/09/20

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Shirley Lagugan
CCFFH Address: 315 N. Circle Makai Pt. Velella HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16.(b)(5)	CG#1 provided training to CG#2, CG#3, CG#4, HHMA#5, HHM#6 and HHM#7.	01/15/20 01/27/20	CG#1 will train all caregivers and household members the confidentiality client come within 10 days of adding to home.
41.(b)(6)	The connecting doorway to CCFFH kept open and household members obtained required documents for each household members	3/11/20	In the future all new household members will obtain required document within 10 days of moving in.

Primary Caregiver's Signature: Shirley Lagugan

Print Name: SHIRLEY G. LAGUGAN

Date of Signature: 04/09/20

Community Care Foster Family Home (CCFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFH Name: Shirley Layugan
 CCFH Address: 315 N. Circle Makai Pt. Wahiawa HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(7)	TB clearances were obtained by HHM#5, HHM#6 and HHM#7. Results were filed in home binder.	03/03/20	Home will use a spreadsheet to schedule due dates 2 months in advance to prevent future lapses.

Primary Caregiver's Signature: Shirley Layugan

Print Name: SHIRLEY G. LAYUGAN

Date of Signature: 04/09/20

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Shirley Layugan
CCFFH Address: 315 N. Circle Makai St. Wahiawa HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
45.(1)(2)(3)	CG#1 explained the Admission Policy Agreement to client #1/POA. CG#1 and Client #1/POA signed the form. A copy was provided to client #1/POA. Original document filed in home binder.	01/15/20	CG#1 will ensure that admission documents are timely explained to new clients/POA upon admission to home.
49.(a)(4)	Obstructed objects were removed.	01/15/20	CG#1 will make sure free of clutter at all times (walkway and exits)

Primary Caregiver's Signature: Shirley Layugan

Print Name: SHIRLEY G. LAYUGAN

Date of Signature: 04/09/20

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Shirley Layugan
CCFFH Address: 315 N. Circle Makai Pt. Kalahele HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
50.(a)	CG#2 and CG#4 were trained on emergency management procedures. Signed form was filed in home binder.	01/15/20 and 01/27/20	CG#1 will train all caregivers the emergency preparedness plan within 10 days of adding to home.
53.(b)(4)	Changed and installed a new door lock to meet the approved door lock on client #1 and client #2 bedroom door.	02/09/20	CG#1 will adhere to the My Choice My Way Guidelines of Clients Rights and Privacy.

Primary Caregiver's Signature: Shirley Layugan

Print Name: SHIRLEY G. LAYUGAN

Date of Signature: 02/09/20

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Shirley Layugan
CCFFH Address: 315 N. Circle Makai St. Wahiawa HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(5)	Client #1 - oral medication expired bottle was discarded by CG #1 Client #1 - medication without signature was mislabeled by all caregivers for not signing. But to make sure, CG #1 and caregivers counted the bottle medication inside and it has the correct number of tablet left.	01/15/20 01/15/20	CG #1 and caregivers will check label expiration prior to administering medications. CG #1 and caregivers will timely document in client's MAR.

Primary Caregiver's Signature: Shirley Layugan

Print Name: SHIRLEY G. LAYUGAN

Date of Signature: 04/09/20

Community Care Foster Family Home (CCFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFH Name: Shirley Layugan
 CCFH Address: 915 N. Circle Makai St. Vahineua HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.1(c)(5)	Client # 2 - oral medication expired bottle was discarded by CG #1	01/15/20	CG #1 and caregivers will check frequently the labels especially on PRN's that's not given on routine.

Primary Caregiver's Signature: Shirley Layugan

Print Name: SHIRLEY G. LAYUGAN

Date of Signature: 01/09/20